## **KBHI – INITIAL LICENSURE CHECKLIST**:

(last name)		e)	(first name)		(mid. Initial)		<del></del>				
l.	Payı	ment included (N	led (NONREFUNDABLE)		Yes	No	VIII. KY Sta	ate Police Backgrou	ınd Check?	Yes	No
II.	Photograph (2"x2" passport) Yes			No		IX. Out of state resident?		s No			
III.	Applicant Personal Information  a. Complete permanent mailing address? (P.O. Box will not be accepted)				Yes No	(If yes, proc	ess waiver must be background checks		applica No	tion) N/A	
		(I .O. Box will flot t			103	140		g.			
	b.	Telephone Numb Yes	ers? Home No	, Work and/o	or Cell						
	c.	Date of Birth?	Yes	No			ACTION B	Y THE KBHI			
IV.	High	High school or GED Yes No					☐ APPROV	ED FOR LICENSE			
							☐ APPROV	ED CONTINGENT			
V.	Pre-licensing school and national examination  a. Documentation of completion of an approved Pre-licensing Course?						☐ DENIED	LICENSE			
Note	oc.		Yes	No			1				
	b.	Documentation of	passing na	itional exam	? Yes	No	2.				
VI.	Certif	icate of Insuranc	:e				3.				
	c. d.	Documentation of Effective date cur Yes		? Yes	No						
	e.	Expiration date? Yes	No	Expired							
	f.	Insurance Co. Na Yes	med KBHI a		holder &	board address.					
	g.	Minimum Genera Yes		surance Cov	erage is \$	250,000?					
	h.	Home Inspector's	Individual I	Name is und	er "Insure	d"?		er Name	Initials		Date
		Yes	No				Mark S   Kevin F				
								-ams Buchanan		-	
VII. Other state or local license information					Yes	No		ohnson		-	
							Mark O				
							J.R. Bo				
							☐ Ken Fis				
							Jim Ch	andler			